



# BUS ACCIDENT REPORT

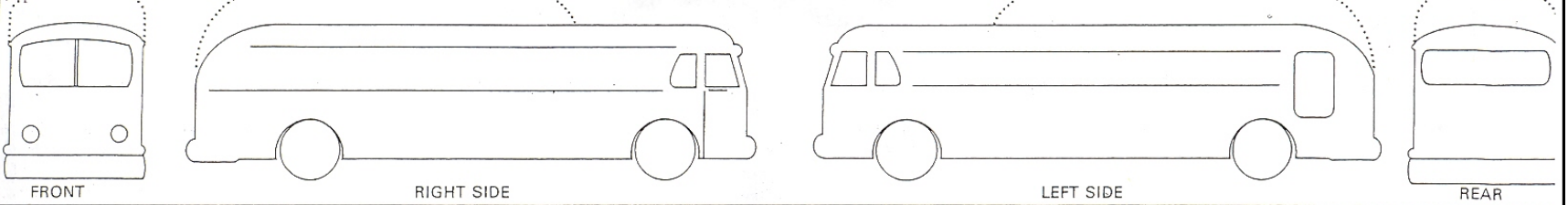
CALIFORNIA RISK MANAGEMENT AUTHORITY

(559) 476-2999 (FAX) 476-2933  
1430 W Herndon, Fresno, CA 93711

## CONFIDENTIAL DOCUMENT

NAME OF SCHOOL DISTRICT						LOCATED IN (CITY OR TOWN)											
NAME OF SCHOOL						LOCATED IN (CITY OR TOWN)											
<b>A C C I D E N T</b>	DATE OF ACCIDENT (MO., DAY, YR.)				DAY OF THE WEEK				TIME								
									<input type="checkbox"/> AM <input type="checkbox"/> PM								
	LOCATION OF ACCIDENT (ADDRESS, STREET OR HIGHWAY)																
<input type="checkbox"/> IN		CITY OR TOWN				COUNTY				STATE							
<input type="checkbox"/> NEAR																	
<b>B U S  D R I V E R</b>	NAME						HOME TELEPHONE NUMBER										
	ADDRESS (STREET & NUMBER)						CITY				STATE						
	AGE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BUS DRIVING EXPERIENCE YRS      MOS		SOCIAL SECURITY #		OPERATOR LICENSE NUMBER		<input type="checkbox"/> REGULAR LICENSE <input type="checkbox"/> CHAUFFEURS LICENSE						
											STATE <b>CA</b>						
	NAME OF DRIVER'S SUPERVISOR						LOCATION/TELEPHONE NUMBER WHERE SUPERVISOR CAN BE CONTACTED										
<b>T R I P</b>	RUN ON WHICH ACCIDENT OCCURRED		BEGAN AT				DATE		TIME		<input type="checkbox"/> AM <input type="checkbox"/> PM						
			DESTINATION				DATE		TIME		<input type="checkbox"/> AM <input type="checkbox"/> PM						
			PURPOSE OF TRIP														
<b>B U S</b>	YEAR		MAKE & MODEL				BUS VIN NUMBER		BUS NUMBER		MAX. PASSENGER CAPACITY						
	DESCRIBE DAMAGE																
<input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR																	
<b>V E H I C L E  2</b>	DRIVER'S NAME						OPERATOR'S LICENSE NUMBER		STATE		AGE (EST.)						
											<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)						TELEPHONE NUMBER										
	OWNER'S NAME						OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	VEH. YEAR		MAKE & MODEL				VEHICLE COLOR		VEHICLE -VIN NUMBER		STATE						
	INSURANCE COMPANY & POLICY #						INSURANCE/AGENT PHONE NUMBER										
DESCRIBE DAMAGE																	
<input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR																	
<b>V E H I C L E  3</b>	DRIVER'S NAME						OPERATOR'S LICENSE NUMBER		STATE		AGE (EST.)						
											<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)						TELEPHONE NUMBER										
	VEH. YEAR		MAKE & MODEL				VEHICLE COLOR		VEHICLE VIN NUMBER		STATE						
	INSURANCE COMPANY & POLICY #						INSURANCE/AGENT PHONE NUMBER										
	DESCRIBE DAMAGE																
<input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR																	
<b>O T H E R P R O P E R T Y</b>	OWNER'S NAME						OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	TELEPHONE NUMBER		DESCRIBE DAMAGE														
<input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR																	
<b>P A S S E N G E R S</b>	A. NO. OF PASSENGERS (INCLUDING DRIVER)		BUS		VEHICLE 2		VEHICLE 3		<b>S P E E D</b>	A. SPEED LIMIT		BUS		VEHICLE 2		VEHICLE 3	
												B. SPEED PRIOR TO ACCIDENT (EST)					
		B. NO. OF PASSENGERS COMPLAINING OF INJURY															
POLICE INVESTIGATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION						NAME OF OFFICER									
CITATION ISSUED? <input type="checkbox"/> BUS DRIVER <input type="checkbox"/> DRIVER VEH. 2 <input type="checkbox"/> DRIVER VEH. 3						IF SO, CHARGE											

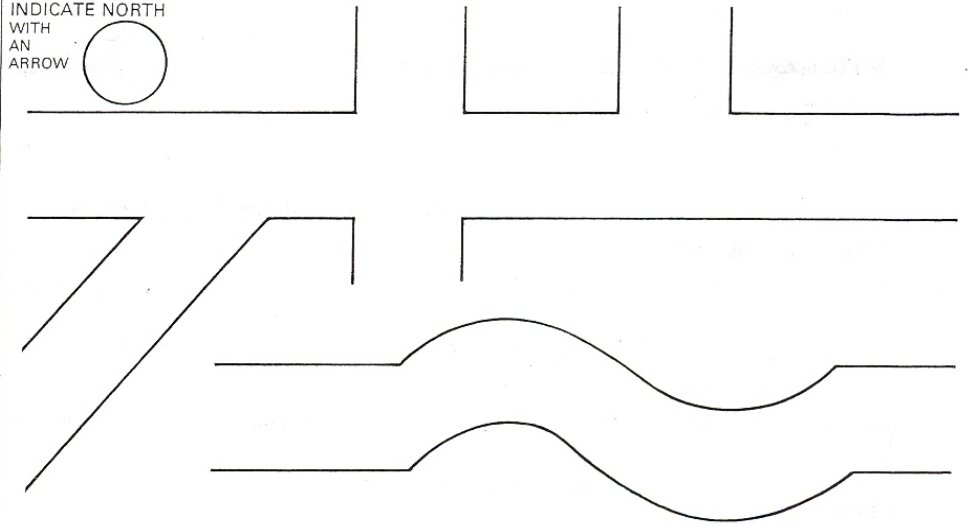
MARK X WHERE DAMAGE OR CONTACT OCCURED



**INSTRUCTIONS**

1. Choose sections of diagram that will show outline of roadway at place of accident.
2. Use solid line to show path of vehicle BEFORE accident: dotted line AFTER accident:
3. Number each vehicle and show direction of travel by arrow:
4. Show PEDESTRIAN by:
5. Show RAILROAD by:
6. Show TRAFFIC LIGHT by:
7. Show STOP SIGN by:
8. Indicate distance and direction from point of impact to nearest bridge, culvert, or other landmarks.
9. Indicate names of streets or route numbers of roadways.

INDICATE NORTH WITH AN ARROW



TRAFFIC LANES		ROADWAY		SIGNALS		PAVING		WEATHER		LIGHT				
NO. OF LANES	<input type="checkbox"/> LANES MARKED <input type="checkbox"/> LANES UNMARKED	<input type="checkbox"/> STRAIGHT <input type="checkbox"/> CURVE <input type="checkbox"/> DOWN GRADE <input type="checkbox"/> UP GRADE <input type="checkbox"/> LEVEL <input type="checkbox"/> HILLCREST	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> MUDDY <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY <input type="checkbox"/> OILY	<input type="checkbox"/> STOP SIGN <input type="checkbox"/> TRAFFIC LIGHT <input type="checkbox"/> POLICEMAN <input type="checkbox"/> WARNING SIGNAL <input type="checkbox"/> R.R. GATES	<input type="checkbox"/> CEMENT <input type="checkbox"/> TARVIA <input type="checkbox"/> BRICK <input type="checkbox"/> ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> NONE	<input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET <input type="checkbox"/> FOG	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN	<input type="checkbox"/> DIVIDED. <input type="checkbox"/> _____ FT. (OTHER)	<input type="checkbox"/> NO ROAD DEFECTS <input type="checkbox"/> HOLES, RUTS, ETC. <input type="checkbox"/> LOOSE MATERIAL	FLAGS, FLARES, FUSEES, ETC. DISPLAYED:	<input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING	LOCATION <input type="checkbox"/> CITY & SUBURBAN <input type="checkbox"/> RURAL	<input type="checkbox"/> INTERSECTION <input type="checkbox"/> NON-INTERSECTION	IF DARK, WAS HIGHWAY LIGHTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> _____ (OTHER)

	LOCATION ON ROADWAY WHEN DANGER NOTICED	DIRECTION TRAVELING	DISTANCE TO IMPACT	LOCATION ON ROADWAY AT IMPACT	DISTANCE TRAV. AFTER IMPACT	LENGTH OF SKID MARKS
BUS			FT.		FT.	
OTHER VEH.					FT.	

DESCRIBE ACCIDENT FULLY (CONTINUE ON ADDITIONAL SHEET IF REQUIRED.)

SIGNATURE OF DRIVER'S SUPERVISOR	DATE	DRIVER'S SIGNATURE	DATE OF REPORT
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